

# Legislation Details (With Text)

File #:	21-4	629	Version:	1	Name:			
Туре:	Contract - Award				Status:	Agenda Ready		
File created:	9/3/2	2021			In control:	Commissioners Court		
On agenda:	9/14	/2021			Final action:	9/14/2021		
Title:	Wes	Request for approval of an award to WadeCon, LLC on the basis of low bid for road construction at West Gulf Bank Road from I-45 to Airline Drive in Precinct 1 in the amount of \$14,415,964, subject to applicable bonds to be received (210200).						
Sponsors:								
Indexes:								
Code sections:								
Attachments:	1. 21-4629 for Job No. 210200.pdf							
Date	Ver.	Action By			Acti	on	Result	
9/14/2021	1	Commiss	ioners Cou	ırt				
Department: Purchasing								

#### Department Head/Elected Official: DeWight Dopslauf, Purchasing Agent, Purchasing Department

## **Regular or Supplemental RCA:**

🛛 Regular RCA

□ Supplemental RCA

Type of Request: Contract - Award

Project ID (if applicable): Vendor/Entity Legal Name (if applicable): MWDBE Participation (if applicable):

### **Request Summary (Agenda Caption):**

Request for approval of an award to WadeCon, LLC on the basis of low bid for road construction at West Gulf Bank Road from I-45 to Airline Drive in Precinct 1 in the amount of \$14,415,964, subject to applicable bonds to be received (210200).

#### **Background and Discussion:**

#### Expected Impact:

#### **Alternative Options:**

# Alignment with Goal(s):

- $\Box$  Justice and Safety
- Economic Opportunity
- □ Housing
- □ Public Health
- □ Transportation
- □ Flooding
- Environment
- □ Governance and Customer Service

# Prior Court Action (if any):

### Location:

Address (if applicable list below):

- □ Countywide
- Precinct 1
- Precinct 2
- Precinct 3
- □ Precinct 4

Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditure	S	•	•	
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
Total Incremental Expen	ditures	-	-	-
Funding Sources (General	Fund, PIC Fund, D	ebt or CP, Grants, or C	Other - Please Spe	cify)
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget	-	-	-	-
Additional Budget Reque	sted -	-	-	-

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	-	-	-	-				
	-	-	-	-				
Total Additional Budget Requeste	-	-	-					
Total Funding Sources		-	-	-				
Personnel (Fill out section only if requesting new PCNs)								
Current Position Count for Service	-	-	-					
Additional Positions Requested	-	-	-					
Total Personnel		-	-	-				

### Anticipated Implementation Date:

### **Emergency/Disaster Recovery Note:**

 $\Box$  Not an emergency, disaster recovery, or COVID-19 related item

Emergency Item

□ COVID-19 related Item

□ Disaster Recovery related Item

## Contact(s) name, title, department:

Attachments (if applicable):